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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Bhutan

The Executive Director recommends that the Executive Board approve the country programme of Bhutan for the period 1992-1996 in the amount of $5,000,000 from general resources, subject to the availability of funds, and $8,200,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Financial adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. Bhutan's economy is constrained by its mountainous terrain, a small and scattered population and a lack of skilled manpower. More than 90 per cent of the population derive their livelihood from agriculture and livestock production. Private enterprise is limited to a few small-scale industries, highlighting the country's narrow entrepreneurial base and explaining its dependence on external assistance. India is the main trading partner and absorbs much of Bhutan's timber, minerals, agricultural products and hydroelectric power.

2. During the 1980s, the gross domestic product grew at a rate of over 5 per cent annually, but unsustainable deficits in capital and recurrent budgets over the last few years have led the Government to impose severe budget reductions since 1991. Despite economic and political difficulties, the survival and well-being of children is given high priority. Allocations for social services will increase during the Seventh Five-Year Development Plan period (1992/93-1996/97), with the budget shares for health and education increasing from 4 to 6.7 per cent, and education from 8 to 11.2 per cent, respectively. A national plan of action for children is being prepared and most of the 1990s goals for this plan are also incorporated in the Seventh Five-Year Development Plan. The Government has ratified the Convention on the Rights of the Child and has signed the Declaration and Plan of Action of the World Summit for Children.

3. Bhutan remained isolated from the outside world until the 1960s. Since then, there has been enormous progress for children and women. Almost the entire population has access to modern health services, and most children are being immunized against the six vaccine-preventable childhood diseases. Primary education is provided for over half of school-age children and improved water supplies are available to 40 per cent of rural households. However, basic social indicators show that children and women still face many problems. It is estimated that out of every 1,000 live births, approximately 123 children die before their first birthday and another 66 die before their fifth birthday. Diarrhoeal diseases and acute respiratory infections (ARI) account for more than half of reported child morbidity and diarrhoea alone for more than 40 per cent of deaths among children. One underlying cause is a general lack of awareness of basic principles of hygiene and sanitation.

4. The maternal mortality rate (MMR) is one of the highest in the world at 770 per 100,000 live births. A major cause is that 90 per cent of the women deliver at home without support from trained personnel. There are no traditional birth attendants in Bhutan, and referral to the nearest hospital is difficult. Malnutrition is also a serious problem, with one out of every two children under five years of age below the required height for age and 38 per cent of children underweight for age. Among women of child-bearing age, 13 per cent are of low stature (below 145 centimetres), and 18 per cent are malnourished according to the body mass index. Anaemia is also a major

problem for women, and iodine deficiency disorders (IDD) and vitamin A deficiency are prevalent nationwide.

5. Although the availability of improved drinking water supplies has increased fivefold over the last decade, 60 per cent of rural households still do not have an improved water supply. Many of the existing water sources provide contaminated water, so only about 25 per cent of the rural population has access to safe drinking water. Approximately 60 per cent of rural households have a latrine, but only 15 per cent of these latrines are of an improved, more sanitary type.

6. While there are no major concerns exclusive to girl children which are not shared by boys, girls have less access to education - only 38 per cent of primary school students are female. Some 33 per cent of school-age children do not yet have access to education. Every year, some 30 per cent of students repeat their grade, and almost two thirds drop out before they reach the end of the primary education cycle. Thus, a large number of children are out of school, with very few opportunities to continue their basic education or to gain employment. Illiteracy among adults, at 30 per cent, is also a major problem, and less than 10 per cent of adult women are literate.

7. All of these problems are interlinked and reinforce each other. The population lives in remote isolated areas, difficult to reach with social services. Traditional beliefs further limit the use of existing services and, at the same time, people lack the basic knowledge to prevent illness through simple, personal hygiene interventions. In addition, at the same time that Bhutan aims to preserve its cultural heritage and natural resources, the kingdom has faced threats of ethnic and civil unrest along its southern border since 1990, adversely affecting schooling and health services for children living in these parts of the country.

PROGRAMME COOPERATION, 1986-1991

8. UNICEF assistance to Bhutan began in 1974. For the 1986-1991 programme of cooperation, the Executive Board approved a commitment of $2,850,000 from general resources and another $5,115,000 in supplementary funds, subject to the availability of specific-purpose contributions. The programme was implemented nationwide and focused on child survival, primary education, rural water supply and sanitation, programme communication and women in development.

Health

9. The health programme aimed at child survival through the control of vaccine-preventable and diarrhoeal diseases and at expanding the primary health care (PHC) network through the training of peripheral health workers, the provision of essential drugs and the construction of a basic health infrastructure. The global goal of universal child immunization (UCI) was reached in 1990, with complete coverage of 84 per cent of children under one

year of age and 63 per cent of pregnant mothers. The strategy of expanding the network of mobile outreach clinics led not only to the achievement of UCI, but also to access to health services for over 90 per cent of the population. The outreach clinics provide a package of PHC services to most villages on a monthly basis. The challenge is to expand coverage to unserved areas.

10. Packaged oral rehydration salts (ORS) are now used in 45 per cent of cases of diarrhoea, and homemade solutions in another 10 per cent. The introduction of oral rehydration therapy (ORT) training corners in all district hospitals and many basic health units contributed to the increase in ORS usage, as did the training of all peripheral health staff in ORT and the availability of ORS packages at all health facilities. In order to promote ORT further, mothers need to be better mobilized and trained.

11. UNICEF has also provided about 20 per cent of the annual requirements of essential drugs for the treatment of the most common childhood ailments. Bhutan has a good drug management system, and essential drugs are readily available at all health facilities. Support was provided to train some 30 health staff annually for the expanding network of PHC facilities. The Royal Institute of Health Sciences and its dormitories were constructed with UNICEF support, and handbooks were developed on child health and nutrition. Three rural basic health units and a paediatric and maternity ward were also constructed to expand the healthcare network. During the 1990 mid-term review, it was decided that UNICEF would phase out of construction of the health infrastructure.

Nutrition

12. The aim of the programme was to increase people's awareness of the need for improved feeding habits; to build up the capacity of health staff; and control micronutrient deficiencies in iodine, iron and vitamin A. Capacity-building has been slow to materialize and needs to be further developed, especially at the district level. The first step was taken, however, by producing manuals for agriculture and health field workers and teachers on nutrition, growth monitoring and weaning food. Although a national expanded programme on immunization (EPI) review in 1991 confirmed that the road-to-health card was available in every household with children below the age of two years old, the card is used mainly as an immunization and weight record. It will be necessary to train health workers to use monthly weight gain and loss as an educational tool to create awareness of appropriate feeding of small children.

13. Annual vitamin A requirements, iron and folic acid tablets and deworming tablets were made available to children and women through the health care network countrywide. However, the distribution of supplies was not properly linked to health education, except in five pilot districts, which showed much better results than the rest of the country. Every Bhutanese family now has access to adequate supplies of iodized salt from the national salt iodization plant. There is, however, still a need to increase people's awareness about

the importance of using iodized salt and proper storage practices to prevent the loss of iodine content. The impact of the IDD programme will be evaluated in 1992.

Rural water supply and sanitation

14. Since 1974, more than 1,300 water schemes have been constructed, serving approximately 40 per cent of the rural population. The accelerated training of technical staff, combined with project standardization, has improved the technical quality of water supplies in recent years, but at the same time it has slowed down implementation. A 1990 survey carried out by UNICEF consultants revealed that 16 per cent of the older schemes were out of order and 31 per cent required major repairs. Poor quality construction in earlier years and the lack of proper operation and maintenance were the major causes. An operation and maintenance policy was subsequently adopted and is gradually becoming operational.

15. UNICEF became involved in latrine construction only in 1991 when a rural sanitation programme was designed for the installation of 4,000 subsidized sanitary latrines in rural households and schools. However, health workers had already been promoting sanitation by encouraging people to use a fixed place for defecation, resulting in high coverage rates for simple pit latrines in some districts. Hygiene and sanitation promotion is part of the primary school curricula, but the students cannot practice their new knowledge since hygienic facilities are either unavailable or poorly maintained in schools.

Education

16. The education programme aimed at increasing primary school enrolment and improving the relevance of primary education. Based on recommendations made by UNICEF consultants in 1988, 1989 and 1990, the Government decided to change the status of a child-centred curriculum known as the new approach to primary education (NAPE) from a pilot project to gradual expansion throughout the country. Although UNICEF was not involved with the actual development of this curriculum, support was provided to facilitate the printing of textbooks for pre-testing purposes and to develop an in-house capacity in the layout and design of books. Another pilot project of small community schools was also accepted for nationwide expansion as a strategy to reach universal primary education by the year 2000.

17. A two-pronged approach was applied to increase access to education. First, the number of trained national primary school teachers increased from 75 to 150 annually owing to the construction of two dormitories at Paro Teacher Training College. Second, in addition to 12 boarding schools built under a World Bank-assisted project, UNICEF supported the construction of three primary boarding schools for 1,200 students in remote areas. During the mid-term review, it was decided that UNICEF would phase out of large-scale construction projects in the education sector.

Women in development

18. The National Women's Association of Bhutan (NWAB) and UNICEF carried out a study on the situation of the girl child which confirmed that there is no difference in the treatment of boys and girls before the age of six years. Disparities begin at the primary school age, with lower enrolment rates for girls than boys. Girls also drop out of primary school earlier than boys. UNICEF cooperated with NWAB in providing yarn to rural women to support income generation through traditional weaving. However, owing to the lack of a market outlet and regular follow-up, the majority of the weavers generated very little income, and the project was discontinued. The same women were also trained in kitchen gardening and provided with vegetable seeds. Although a proper evaluation was not carried out, it was observed that the majority of the 1,000 women reached by the project grew and consumed more vegetables. They also found a better market for the sale of vegetables than for their handicrafts. Nutrition education for rural women was later reinforced by introducing simple health, nutrition and hygiene messages, using Facts for Life. This pilot project proved that it is feasible to train illiterate women to become health communicators and leaders in their own communities. UNICEF also supported NWAB in installing over 13,000 smokeless stoves in rural households, aiming at reducing eye and respiratory infections. A 1990 survey carried out by UNICEF consultants found that 66 per cent of the stoves were not working properly or were not in use. In spite of this, the study concluded that smokeless stoves were indeed relevant for Bhutan, but further research was needed to determine the most appropriate types of stoves before expanding the programme.

Social mobilization

19. A successful beginning was made in mobilizing the influential Buddhist monks in support of health, nutrition and hygiene promotion at the village level using a national-language version of Facts For Life. The monastic body has subsequently produced dramas and plays on health issues which are shown during religious festivals. Annual immunization calendars and other communication materials were produced on health, nutrition and hygiene and sanitation messages. However, experience has shown that pre-testing techniques and follow-up must be improved to ensure that the predominantly illiterate population understands and uses the materials.

Lessons learned

20. Assessment of past experience indicates that effective community involvement is the key to ensuring sustainability. To achieve community involvement, social awareness and community mobilization are the proven modalities. For content and messages, the usefulness of Facts for Life is unquestioned. Strategies must address the needs of a largely illiterate population, for which the intercession of Buddhist monks becomes very relevant. The government service network and demand on staff for many of these services is expanding in areas such as maternal and child health (MCH)

and education. Support for training has become a basic requirement and a more strategic intervention than construction projects, which are better assisted by other donors. Instead of isolated sectoral projects, gains can be optimized by intersectoral links between health, education, water supply, and hygiene and sanitation.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: $5,000,000
Supplementary funds: $8,200,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health and nutrition	1 850	3 150	5 000
Rural water supply and sanitation	560	3 280	3 840
Basic education	1 240	1 770	3 010
Community action for basic services	160	-	160
Advocacy and social mobilization	440	-	440
Planning and monitoring	150	-	150
Programme support	600	-	600
Total	5 000	8 200	13 200

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Programme preparation

21. The country programme was prepared jointly by the Planning Commission, sectoral ministries and UNICEF. The problems of children and women were discussed at a workshop in April 1990, in which central- and district-level government officials participated, as well as representatives of the United Nations and other international agencies. A situation analysis was carried out jointly during 1990, followed by another workshop in February 1991 to develop goals and strategies. These were used for the country programme, as well as for the Seventh Five-Year Development Plan and the national plan of action, which were under preparation during the same time period. A strategy meeting in May 1991 was followed by drafting of a plan of operations for cooperation during 1992-1996. This plan was reviewed during a preview meeting in October, which confirmed the thrust, strategies and activities of the proposed programme. Through joint United Nations programming discussions, the cooperation programmes of the United Nations Development Programme (UNDP), the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the International Fund for Agricultural Development, the United Nations Capital Development Fund (UNCDF), the Food and Agriculture Organization of the United Nations (FAO), the World Food Programme (WFP) and UNICEF for the 1992-1996 period were developed in close collaboration.

National goals for children and women

22. Bhutan's national goals for children and women for the Seventh Five-Year Development Plan are: (a) to reduce infant and under-five mortality rates from 123 and 189 per 1,000 live births to 50 and 70 per 1,000 live births, respectively, and to reduce MMR by half from 770 to 385 per 100,000 live births; (b) to reduce moderate and severe protein energy malnutrition in children under five years of age from 38 per cent to less than 19 per cent, and among women, from 18 per cent to less than 12 per cent; (c) to increase access to and use of safe water in rural areas from 40 to 60 per cent of the population and to achieve universal access to latrines; (d) to increase access to and use of smokeless stoves from 8 to 15 per cent; and (e) to increase access to primary education from 67 to 85 per cent of school-age children (gross enrolment) and to bring the enrolment of girls almost equal to that of boys.

Programme objectives

23. The country programme objectives will support progress towards national goals by: (a) consolidating, strengthening and expanding the integrated delivery of MCH care to rural communities countrywide, reaching at least 85 per cent of the approximately 23,000 children born each year and their mothers with antenatal and post-natal care and immunization, as well as the 100,000 children below the age of five years and their mothers with information and measures to control diarrhoeal diseases, ARI and micronutrient deficiencies, and to stimulate child growth; (b) providing safe water supplies for 160,000 rural people, safe latrines for 11,000 rural households and

smokeless stoves for 6,000 households; (c) expanding the new primary school curriculum countrywide by providing textbooks for all students in the lower grades, training all teachers in the new curriculum and in multi-grade teaching techniques and expanding primary education through support to the network of 196 rural community one- and two-teacher schools; (d) providing the whole population with access to the necessary knowledge and skills for improving the well-being and health of their children; and (e) reinforcing systems for monitoring progress towards the national goals for children and women in the 1990s and strengthening community action in support of these goals.

Programme strategy

24. The central approach will be to concentrate support through three main channels: (a) coordinated delivery of national social service programmes at the community level; (b) organized community action, not only to promote the use of national services to the fullest, but also to complement these services with activities generated at the local level; and (c) social mobilization through information, education and communication activities for effective advocacy and informed participation at all levels. Women's and girls' concerns will be integrated in the various sectoral programmes to ensure that their gender-specific goals and strategies are addressed.

Health and nutrition

25. A major contributing factor to Bhutan's remarkable achievement of UCI has been the establishment of mobile outreach clinics in 350 clusters of villages nationwide. Health workers walk for hours, often through difficult terrain, to meet people at a halfway point during these monthly clinics. Gradually, a series of additional PHC services have been added to immunization, and the outreach clinics now provide villagers with a package of promotive, preventive and curative MCH care and nutrition interventions. Together with UNFPA, WHO and the Government of Denmark, among others, UNICEF will continue to support the strengthening and expansion of this community-based PHC network.

Child health

26. UNICEF will continue to support EPI, aiming at sustaining the present high immunization coverage of under-one-year-old children at 85 per cent and increasing tetanus toxoid vaccination of pregnant women from 63 per cent to at least 85 per cent. Achievement of programme goals requires sustained maintenance of the cold chain, an uninterrupted supply of vaccines and immunization equipment, as well as increased mobilization of the general population and health staff to identify pockets of the population that have not yet been reached.

27. A national programme will be established to control ARI. Training programmes will be developed to train voluntary village health workers, leaders of women's groups and peripheral health staff to identify better danger signs and ensure timely treatment. UNICEF will continue to provide antibiotics through the health care network and will support all training and health education activities, aiming at reducing child deaths caused by ARI by one third. ORS packages will also be made available in all villages to ensure universal access to, and correct use of, ORT to control diarrhoeal diseases in children under five years of age. An important strategy is to increase mothers' awareness of ORT in order to generate demand for prepackaged ORS. UNICEF will continue to provide annual ORS requirements and to pay for training costs, aiming at a reduction in diarrhoeal diseases in children from 16 to 10 per cent and in deaths caused by diarrhoea from 40 to 20 per cent.

Safe motherhood

28. The point of departure is to understand why more than 90 per cent of women prefer to deliver at home, unattended by a health worker. A nationwide study of women's knowledge, attitudes and practices related to pregnancy and delivery is expected to provide information that will be used to modify health education on safe motherhood and training programmes for village-based health workers and peripheral health staff. A key factor will be to increase health workers' skills and knowledge through pre- and in-service training since these workers, in turn, will train village women in basic maternal health principles and risk detection. Health workers will also be provided with maternity kits to assist during home deliveries.

29. The safe motherhood component of the programme aims at: (a) achieving universal understanding of the notion of a small and healthy family and of the need to avoid pregnancies that are too early, too late, too close and too many; (b) providing universal access for women to professional family planning and counselling methods (to be provided by UNFPA); (c) increasing from 10 to 50 per cent the number of deliveries attended by trained health workers, either in the home or in a referral health facility; (d) identifying high-risk pregnancies for referral; and (e) providing all pregnant women with the necessary information and means to deliver safely in order to reduce the risk factor of home deliveries. In an effort to increase antenatal and post-natal attendance by village women, UNICEF will provide support for local communities to construct and equip a small building in which to hold outreach clinics, which presently take place outdoors. An average of 25 outreach clinics will be upgraded each year. In addition, small waiting homes for high-risk pregnant women will be established near district hospitals to ensure safer deliveries. These waiting homes will be built by the communities, with support from the Government, UNFPA and UNICEF. The Government of Denmark, UNCDF and UNFPA will assume the previous role of UNICEF in expanding the network of basic health units.

Nutrition

30. Through the nutrition component of the programme, UNICEF will assist in the continued implementation of the intersectoral 1988 National Assembly resolution on nutrition. Health workers will be trained to better identify children and pregnant and lactating women at risk through action-oriented antenatal and post-natal care of women and growth monitoring of small children. They will provide the mother and her family with necessary advice and support to improve daily food habits. This includes the promotion of exclusive breast-feeding until the child is at least four months old and improved and more frequent weaning foods thereafter. When necessary, sufficient requirements of iron tablets and other micronutrients, such as vitamin A, will be provided through the outreach clinics. Deworming tablets will also be provided through these clinics and the schools. Distribution will be closely linked to sanitation and hygiene education. Since the daily diet consists mainly of rice and meat or milk products, kitchen gardening of beans, pulse and green leafy vegetables will be promoted by health and agriculture extension workers, teachers, NWAB and the Buddhist monastic body.

31. Aiming at virtually eliminating IDD, UNICEF will continue to support the national programme of salt iodization by providing potassium iodate, packing materials and spare parts to the national salt plant. A nationwide survey in 1992 will evaluate the impact of the IDD control programme since its beginning in 1984. Efforts will increase to create better awareness in the general population of the importance of consuming iodized salt and of proper storage in shops and households to avoid the loss of iodine. UNICEF and WHO will be the main partners in the field of nutrition.

Health promotion through monks

32. The rural population more often turns to religious people and traditional healers than to the modern health care network for advice on matters related to health, diseases and death. The Buddhist monastic body has recently involved itself in promoting improved health and hygiene practices and advising people to make use of available health services. The 3,000 Buddhist monks, who live in monasteries, will be sensitized to the need to improve their own knowledge, attitudes and practices in matters related to health, hygiene and sanitation and will learn how to communicate this new knowledge to the rural population. This education process is based on Buddhist religious scriptures and Facts for Life messages. Monastic schools and monasteries will be provided with improved water supply and sanitation facilities to create a more hygienic environment. The district-based monastic secretariats will subsequently train village-based lay monks and traditional healers, who have the most frequent contact with the general population.

Rural water supply and sanitation

33. UNICEF support will be provided to construct and rehabilitate gravity-flow water supplies in about 1,000 rural communities nationwide, covering 160,000 people. All sources of water supply systems will be tested for bacteriological contamination. The main strategy will be to organize and empower the community by establishing a village maintenance committee to ensure the community's full participation in deciding on water supply and sanitation schemes and, upon completion of these schemes, its sense of ownership and responsibility for operation and maintenance. The involvement of village women as committee members and water supply caretakers will be crucial. Furthermore, some 11,000 households will be assisted in constructing subsidized, improved or simple pit latrines, and 6,000 households will be assisted in installing subsidized, smokeless stoves for a more hygienic home environment. The entire population will also be reached through the radio and other media with basic hygiene messages on why and how to build simple pit latrines, the importance of protecting food and hand-washing and how to protect the village drinking water supply from pollution. This will reinforce forthcoming national legislation, which will make it mandatory for each village community to keep its environment clean and maintain the village water supply, and for each household to build and use a latrine. To maximize health impact, the delivery of services will be made to converge so that water supply, latrine and smokeless-stove construction and hygiene education will come together at the village level. Policies and procedures were recently formulated to ensure the provision of hygiene and health education at all new rural water supply and sanitation sites.

34. Improved hygiene practices can now be learned in school owing to the new primary education curriculum. An important element is training teachers in hygiene education. But without a proper water supply and sanitary latrines on the school premises, the theoretical knowledge gained by the students cannot be put into practice. Therefore, the programme will provide some 200 community schools, monastic schools and basic health units with water supplies, the means for proper sanitation and smokeless stoves. These institutes will be encouraged to adopt other sanitary measures, such as a waste disposal pit, improved compound drainage and a regular check on personal hygiene habits through child-to-child activities. The World Bank/UNDP regional advisory group will be an active partner in the rural water supply and sanitation programme, providing expertise to prepare a national plan for 1993-2002 and for programme assessment and evaluations. The United Nations Volunteer programme and the Netherlands Development Organization will provide technical support for programme implementation.

Basic education

35. Since the World Conference on Education for All, the Government has decided to expand the network of small, rural schools in remote isolated areas and to place the best teachers there. A community school is defined as one

that is built and supported by the village community, wherever a minimum of 30 students are found within a walking distance of less than one hour. The school is provided with basic learning materials and one or two teachers, who teach the children through the use of multi-grade grouping and organization. In the 196 existing and planned community schools, UNICEF support will be used to upgrade the skills of teachers in multi-grade teaching techniques, provide learning materials for students and supply roofing materials, when necessary, and teaching equipment. Special efforts will also be made to create "village readiness" by mobilizing community leaders and parents to send their children, especially girls, to school and to keep them there. This community involvement in education will give children living in isolated and extremely underserved areas a chance to go to school. Wherever possible, the community school will be linked with the monthly outreach health clinic. The United Nations Educational, Scientific and Cultural Organization (UNESCO) will help with literacy efforts. The World Bank and the Government of Switzerland will continue to assist the expansion of teacher-training facilities and of larger primary schools with boarding facilities. UNCDF will take over the previous role of UNICEF in this area. The Oxford Famine Relief Campaign will continue actively to support the school-gardening programme.

36. Bhutan has developed a child-centred approach to primary education using a nationally developed and relevant curriculum. This curriculum deviates from the traditional "talk-and-chalk" method of subject teaching, by teaching through grouping children and encouraging them to investigate and learn by doing. The immediate environment is used to teach science, integrating school gardening and health and hygiene education. Population education has also been incorporated. From 1991 to 1997, the curriculum is being expanded, grade by grade, to all primary schools. Together with the World Bank, the Government of Switzerland and international volunteer agencies, UNICEF will support the expansion of the curriculum by upgrading the skills of all teachers in the new curriculum, preparing new school textbooks to be made available to all primary schoolchildren and introducing continuous classroom assessment of children's achievement. The capacity of the education administrators in all 18 districts will be upgraded through distance education to improve service delivery in the education sector. These interventions are expected to increase the primary education retention rate from 35 to 60 per cent.

37. UNICEF will work with NWAB to expand the programme of training rural women in leadership skills and as health and hygiene promoters, using Facts for Life and emphasizing safe motherhood, ARI, ORT, hygiene and child growth. Starting in eastern Bhutan, approximately 900 village women will be trained nationwide, covering almost 20 per cent of the country's 5,000 villages. A pilot project will also be initiated to train some 40 young female school drop-outs annually in income-generating skills, such as weaving, and in basic MCH and hygiene principles.

Advocacy and social mobilization

38. The Government actively promotes community involvement in development planning and implementation and recently introduced the concept of block development committees, to be elected by the rural communities and to be established gradually in each of the country's 191 administrative blocks. UNICEF will help develop a local-level participatory mechanism by assisting the communities to organize, inform and activate themselves. This mechanism will be tested first in a few selected districts in eastern Bhutan, before expansion to other parts of the country. The village water supply or community school will be used as an entry point. Children in difficult circumstances will be identified through community action so that they can be reached through appropriate means.

39. All sectoral activities emphasize the role of communication as an essential means to involve and mobilize communities. The programme seeks to develop and strengthen capacity, both centrally and at the community level, to effectively communicate on issues concerning children and women and to mobilize communities for achieving the national goals. The objectives are to ensure the implementation of the national plan of action for children; to strengthen the social mobilization component of each programme sector; and to provide all government officials and village communities with access to the essential knowledge and skills necessary to improve the health and well-being of their families. All communications media and channels will be used, but primarily radio, interpersonal communication and visual materials, in view of the high illiteracy levels in the country. Community groups, especially of women, will be identified and assisted to form radio listeners' groups, which will be provided with subsidized radios through a revolving fund. Facts for Life will be printed in local languages and a facilitators' guide will be developed for use by teachers, religious and women's leaders and extension workers. Since there are no specialized communication planners or radio producers on education and health issues in Bhutan, some 10 staff from the Department of Information and Broadcasting will be trained through short-term courses abroad. The Government of Denmark and UNFPA will also support programme communication in the health field.

Planning and monitoring the 1990s goals

40. UNICEF will work with the Planning Commission to update and revise the national plan of action for children in the 1990s. The monitoring of progress, from year to year and by district and community, is a function central to the achievement of the goals for children in the 1990s. This function has two interrelated dimensions: (a) tracking progress in terms of programme performance towards the specific objectives of this country programme, for which each sectoral programme has an integral monitoring process and mechanism with its own set of process and impact indicators; and (b) monitoring changes in human and social indicators relevant to the goals of the decade. The frame of reference will be the national plan of action for

children, and overall monitoring responsibility will rest with the Planning Commission. UNICEF, together with the Government, WHO, UNDP, UNFPA and other partners, will participate in preparing an action plan for monitoring and evaluation. The approach will be based on building capacity for establishing a data collection system, initially for a limited number of indicators, which will be disaggregated by gender. Baseline data need to be established for these indicators, followed by regular updating to facilitate monitoring of trends. Periodic updates will be published on the situation of children and women in the country. Village- and block-level systems will be introduced for registering and using data. Government field staff will be trained in the use of the data they collect as a tool of programme management.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Bhutan (1990 and earlier years) UNICEF country classification

Under-five mortality rate	189	(1990)	Very high U5MR
Infant mortality rate	123	(1990)	Very high IMR
GNP per capita	$ 190	(1990)	Low GNP
Total population	1517.0 Thousands	(1990)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	43	49	52	58
Infant deaths (under 1)	(thousands)	7	7	7	7
Under-five deaths	(thousands)	11	11	11	11
Under-five mortality rate (per 1,000 live births)		247	222	207	189
Infant mortality rate (under 1) (per 1,000 live births)		159	143	134	123

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1988)	Moderate & severe	..	38a
	Severe	..	..
Babies with low birth weight (%, 1979/1987)		..	..
% of primary school children reaching final grade (1978/1988)		25*	..

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1987)		../../..	90*/ 90*/ 90*
Prevalence of wasting (%, 1980/1989)		..	4a
Prevalence of stunting (%, 1980/1989)		..	56a
Daily per capita calorie supply (% of requirements, 1979-1981/1988)		..	..
Food production per capita index (Index 1979-1981=100, 1980/1990)		100	86
Household expenditure (% of total income, 1980-1985)	All food/cereals		../..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1988-1989)			40
Access to health services	Total	..	65
(% of population, 1980/1987)	Urban/rural	../..	.. /..
Access to safe water	Total	7	32
(% of population, 1980/1990)	Urban/rural	50/ 5	60 / 30
Access to adequate sanitation	Total	..	10*
(% of population, 1980/1988)	Urban/rural	../ ..	50*/ 7*
Births attended by trained personnel (%, 1980/1988)		..	7
Maternal mortality rate (per 100,000 live births, 1979/1990)		..	1310

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	36	38	99
	DPT	13	22	95
	Polio	11	22	95
	Measles	21	27	89
Pregnant women (%) immunized against	Tetanus	..	3	63

TABLE 1 (continued)

Bhutan

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	15/ ..	26/ ..
(%, 1980/1988)	Male	../ ..	31/ ..
	Female	../ ..	20/ ..
Secondary enrolment ratio (gross/net)	Total	../ ..	5/ ..
(%, 1980/1988)	Male	../ ..	7/ ..
	Female	../ ..	2/ ..
Adult literacy rate, 15 years & older	Total	..	38
(%, 1970/1990)	Male/female	../ ..	51/ 25
Radio/television sets			
(per 1,000 population, 1980/1988)		6/0	15/ ..

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Thousands)	1045.0	1245.0	1362.0	1517.0	1906.0
Population aged 0-15 years	(Thousands)	..	530.0	574.9	634.5	801.9
Population aged 0-4 years	(Thousands)	..	192.7	206.1	232.1	293.5
Urban population (% of total)		3	4	5	5	8
Life expectancy at birth	Total	41	45	47	49	53
(years)	Male	42	46	48	50	54
	Female	41	44	46	48	53
Total fertility rate		5.8	5.6	5.5	5.5	5.3
Crude birth rate (per 1,000 population)		41	40	39	38	37
Crude death rate (per 1,000 population)		22	19	17	16	14

		About 1980	Most recent
Contraceptive prevalence rate		..	..
(%, 1976/1987)			
Population annual growth rate	Total	1.6	2.0
(%, 1965-1980/1980-1990)	Urban	3.7	5.0

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		..	7.4
(%, 1965-1980/1980-1990)			
Inflation rate (%, 1965-1980/1980-1989)		0	..
Population in absolute poverty	Urban/rural	../ ..	.. / ..
(%, 1977/1988)			
Household income share	Top 20%/bottom 40%	../ ..	.. / ..
(%, 1977/1988)			
Government expenditure	Health/education	../ ..	5*/ 8*
(% of total expenditure, 1980/1987)	Defence	..	..
Household expenditure	Health/education		.. / ..
(% of total income, 1980-1985)			
Official development assistance:	US$ millions	8	40
(1980/1989)	As % of GNP	8	..
Debt service			
(% of goods & services exports, 1980/1989)		..	..

a/ Aged 0-60 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1986-1991

(In thousands of United States dollars)

COUNTRY: BHUTAN
LATEST BOARD APPROVAL: 1986
GENERAL RESOURCES: $2,850,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	528	462	44	67	68	262	148	539	788	1330	2118
Water supply and sanitation	4	3445		153	237	99	111	159	352	3856	4208
Nutrition	81	351		43			1	93	82	487	569
Education	38	122	38	1		136	279	272	355	531	886
Community organization and development	63		31		1		4	19	99	19	118
Women-centred programme	14	15	5				63		82	15	97
Advocacy	34	4					14		48	4	52
Planning and project support	116	47			195		32	2	343	49	392
Freight	116						21		137		137
GRAND TOTAL	994	4446	118	264	501	497	673	1084	2286	6291	8577

GR = General resources.
FSF = Funded supplementary funding.

TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: BHUTAN Period covered: 1992-1996	Funding status	1992	1993	1994	1995	1996	Total
Health and nutrition	GR	400	400	350	350	350	1850
	FSF	182					182
	NSF	630	630	630	630	630	3150
Rural water supply and sanitation	GR	120	120	100	100	120	560
	FSF	840	893				1733
	NSF		410	950	940	980	3280
Basic education	GR	230	230	270	260	250	1240 a/
	FSF	228					228
	NSF	440	340	330	330	330	1770
Community action for basic services	GR	30	30	30	40	30	160
Advocacy and social mobilization	GR	70	70	100	100	100	440
Planning and monitoring	GR	30	30	30	30	30	150
Programme support	GR	120	120	120	120	120	600
TOTAL	GR	1000	1000	1000	1000	1000	5000
	FSF	1250	893				2143
	NSF	1070	1380	1910	1900	1940	8200
GRAND TOTAL		3320	3273	2910	2900	2940	15343

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.
a/ In addition, $250,000 was allocated from global funds for education programme.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: BHUTAN	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET:		
International Professional established posts	2	406
Local national Professional and General Service established posts	4	55
Operating costs		211
Total	6	672
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	2	458
Supplementary funds	3	675
Local national Professional and General Service project posts		
General resources	5	25
Supplementary funds	2	10
Total	12	1168

a/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.

Annex

LIST OF STUDIES AND EVALUATIONS

1. Inventory study of rural water supply projects in nine dzongkhags. East Consult, UNICEF consulting firm, 1990.

2. Universal child immunization in Bhutan. The Royal Government of Bhutan, UNICEF and WHO, 1991.

3. Multi-grade organization for community schools in Bhutan: Implications for pre-service and in-service training. UNICEF consultant, 1991.

4. The situation of the girl child in Bhutan. U. Wikan, UNICEF consultant, 1991.

5. Child mortality survey. Central Statistical Office and UNICEF, 1991.

6. National survey on drop-outs, non-enrolment and repetition in primary education in Bhutan. Department of Education and UNICEF, 1991.

7. Communicating with pictures in Bhutan. Peter Chen, UNICEF, 1991.

8. Results of 1989 fact-finding mission on traditional beliefs related to health and hygiene. F. Barth and U. Wikan, UNICEF consultants, 1989.

9. Evaluation of the yarn distribution for income-generating in Shemgang district. T. Hozumi, UNICEF, U. Rapten, NWAB, 1990.

10. Evaluation of the extended classrooms. B. Harley, UNICEF consultant, 1990.

11. Little holes for little people. K. R. Gibbs, UNICEF, S. N. Rai, Royal Government of Bhutan, 1990.

12. Report on the evaluation of the use of smokeless stoves. Dr. K. C. Khandelwal, UNICEF consultant, and M. J. M. De Boer, 1990.

13. EPI, CDD and ARI surveillance in the Kingdom of Bhutan. Dr. E. Brinck, UNICEF/WHO consultant, 1990.

14. Evaluation of the UNDP-funded low-cost sanitation programme, 1985-1989. Mr. V. Venugopalan, 1990 UNDP consultant, and Ms. Moniek De Boer, UNICEF consultant, 1990.

15. Implementation of EPI information system in Bhutan. D. Gupta, UNICEF/WHO consultant, 1990.

16. Finnish International Development Agency (FINNIDA) evaluation of primary health care infrastructure. Dr. M. Vienonen, Dr. D. Samarasinghe, FINNIDA consultants, and M. Buchholz, UNICEF, 1989.

17. Evaluation of the IDD control programme. Mr. Mannar, UNICEF consultant, 1990.

18. Nutrition study. Ministry of Social Services, 1987-1989.

19. New approach to primary education. B. Harley, UNICEF consultant, 1988.

20. New Approach to Primary Education. Dr. C. Crellin, UNICEF consultant, 1989.

21. Children and women of Bhutan, a situation analysis. Royal Government of Bhutan and UNICEF, 1991.

22. Country programme for Bhutan's children, 1992-1996, goals and strategies. Royal Government of Bhutan and UNICEF, 1991.

23. A programme for Bhutan's children and women, 1992-1996. Plan of Operations. Royal Government of Bhutan and UNICEF, 1991.

24. Draft seventh five-year development plan, 1992-1997. Royal Government of Bhutan, 1991.

25. "Bhutan" in the Far East and Australia, 1991. Brian Shaw.

26. The Europa World Year Book, 1991, vol. 1.